

PM: MMW Due Date: 06/09/17  
CLIENT: USS CORP

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15 JULY 2004

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[illegible]

SAMPLE NAME AND SIGNATURE	
PRINT Name of SAMPLER:	Thomas A. McGee
SIGNATURE OF SAMPLER:	Thomas A. McGee
DATE signed	5/24/17
TEMP in C	
Received on ice (Y/N)	
Custody Sealed Cooler (Y/N)	
Samples Intact (Y/N)	

	Document Name: <b>Sample Condition Upon Receipt Form</b>	Document Revised: 15Mar2016 Page 1 of 1
	Document No.: <b>F-VM-C-001-Rev.10</b>	Issuing Authority: Pace Virginia, Minnesota Quality Office

**Sample Condition Upon Receipt**

Client Name:

Project #:

USS Corp

**WO#: 1288131**

Courier: ☐ Fed Ex ☐ UPS ☐ USPS ☒ Client  
☐ Commercial ☐ Pace ☐ Other: \_\_\_\_\_

PM: MMW Due Date: 06/09/17  
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Tracking Number: \_\_\_\_\_

Custody Seal on Cooler/Box Present? ☐ Yes ☒ No Seals Intact? ☐ Yes ☐ No Optional: Proj. Due Date: Proj. Name:  
 Packing Material: ☐ Bubble Wrap ☐ Bubble Bags ☒ None ☐ Other: \_\_\_\_\_ Temp Blank? ☒ Yes ☐ No  
 Thermometer Used: ☒ 140792808 Type of Ice: ☒ Wet ☐ Blue ☐ None ☐ Samples on ice, cooling process has begun  
 Cooler Temp Read °C: 1.0 Cooler Temp Corrected °C: 1.3 Biological Tissue Frozen? ☐ Yes ☐ No ☒ NA  
 Temp should be above freezing to 6°C Correction Factor: 0.3 Date and Initials of Person Examining Contents: 5-25-17 MT

			Comments:
Chain of Custody Present?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	1.	
Chain of Custody Filled Out?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	2.	
Chain of Custody Relinquished?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	3.	
Sampler Name and Signature on COC?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	4.	
Samples Arrived within Hold Time?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	5.	If Fecal: <input type="checkbox"/> <8 hours <input type="checkbox"/> >8, <24 hours <input type="checkbox"/> >24 hours
Short Hold Time Analysis (<72 hr)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	6.	
Rush Turn Around Time Requested?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	7.	
Sufficient Volume?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	8.	
Correct Containers Used?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	9.	
-Pace Containers Used?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Containers Intact?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	10.	
Filtered Volume Received for Dissolved Tests?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	11.	Note if sediment is visible in the dissolved containers.
Sample Labels Match COC?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	12.	
-Includes Date/Time/ID/Analysis Matrix: <u>WT</u>			
All containers needing acid/base preservation will be checked and documented in the pH logbook.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		See pH log for results and additional preservation documentation
Headspace in Methyl Mercury Container	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	13.	
Headspace in VOA Vials (>6mm)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	14.	
Trip Blank Present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	15.	
Trip Blank Custody Seals Present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
Pace Trip Blank Lot # (if purchased):			

**CLIENT NOTIFICATION/RESOLUTION**

Field Data Required? ☐ Yes ☐ No

Person Contacted: \_\_\_\_\_

Date/Time: \_\_\_\_\_

Comments/Resolution: \_\_\_\_\_

FECAL WAIVER ON FILE Y N

TEMPERATURE WAIVER ON FILE Y N

Project Manager Review: \_\_\_\_\_

Date: 5-25-17

Note: Whenever there is a discrepancy affecting North Carolina compliance samples, a copy of this form will be sent to the North Carolina DEHNR Certification Office (i.e. out of hold, incorrect preservative, out of temp, incorrect containers)